



United States Department of Agriculture
Office of Operations

Building Permit Application

		Control Number:												
(A) ALL APPLICANTS MUST COMPLETE THIS SECTION														
1. Requesting Agency:		2. Application Date:												
3. Location of Proposed Work: <i>(Building & Room(s))</i>		4. Point of Contact (POC):												
5. POC Phone Number:	6. POC Room Number:													
7. Type of Proposed Work: <i>(Check all applicable boxes)</i> <table border="0"><tr><td><input type="checkbox"/> Space Alteration</td><td><input type="checkbox"/> Furniture Installation <i>(please provide scaled plans)</i></td><td><input type="checkbox"/> Common/Public Space</td></tr><tr><td><input type="checkbox"/> New Construction / Renovation</td><td><input type="checkbox"/> Electrical <input type="checkbox"/> Network / Telephone</td><td><input type="checkbox"/> Hazardous Material Abatement</td></tr><tr><td><input type="checkbox"/> Demolition</td><td><input type="checkbox"/> Plumbing</td><td><input type="checkbox"/> Other (Please Describe)</td></tr><tr><td><input type="checkbox"/> Supplemental HVAC</td><td><input type="checkbox"/> Floor Covering <i>(carpet, tile, wood, etc)</i></td><td></td></tr></table>			<input type="checkbox"/> Space Alteration	<input type="checkbox"/> Furniture Installation <i>(please provide scaled plans)</i>	<input type="checkbox"/> Common/Public Space	<input type="checkbox"/> New Construction / Renovation	<input type="checkbox"/> Electrical <input type="checkbox"/> Network / Telephone	<input type="checkbox"/> Hazardous Material Abatement	<input type="checkbox"/> Demolition	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Other (Please Describe)	<input type="checkbox"/> Supplemental HVAC	<input type="checkbox"/> Floor Covering <i>(carpet, tile, wood, etc)</i>	
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8. Description of Proposed Work <i>(include: scaled plan, vendor/contract name, LAN/IT Requirement if applicable. Use reverse side if necessary)</i> 														
9. Existing Use(s) of Space:	10. Proposed Use(s) of Space:	11. Will furniture be excessed?												
		12. Can proposed work be done after-hours?												

(B) FOR USE OF COMMON/PUBLIC SPACE ONLY		
13. Location of Proposed Use:		14. Type of Use:
15. Purpose of Use:	16. Type of Use:	17. Period of Use: <i>(start date / end date)</i>

(C) FINANCIAL AUTHORIZATION(s)	
18. Please Provide Funding Code: 	

(D) APPLICANTS SIGNATURE

I herby certify that I am the authorized agency official to request the above work, and plans are complete to the best of my knowledge, that if a permit is issued the proposed work will conform to the description identified in block #8 of this application.

Agency Designated Official

Printed Name of the Designated Official

Date:

